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## REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	XXXIXXXXX	1.8-23
ERIENDS OF PHIL W	MAN COMMITTEE			
ADDRESS (number and street)				
Check if different than previously reported. (ACC)	Р. О, ВОХ 665		CA   19358	1,[0665 ,_]
2. FEC IDENTIFICATION	NUMBER ▼	CITY	STATE	ZIP CODE
C 0 0 2 5 7 9	1 5 3. IS	THIS SXX NEW EPORT (N) OR	AMENDED (A)	STATE ▼ DISTRICT
	ty Report (Q1)  ly Report (Q2)  arterly Report (Q3)  r-End Report (YE)  cort (TER)	Primary (12P)  Convention (12C)  ection on  General (30G)	General (12G) Special (12S)	in the State of Special (30S)  in the State of
5. Covering Period 1:0 0.1 2.0.0.7 through 1.2 3.1 2.0.0.7				
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  Type or Print Name of TreasurerROBERT_F. KOVACH				
Signature of Treasurer	What to		Date 0 1	0 5 / 2 0 0 8

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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**FEC FORM 3** (Revised 02/2003)

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